PAGE 1 / 14

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3			_	rized Comr	nittee	<b>'</b>		Office	· Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRIN	Τ ▼		mple: If typing	g, type	12FE4M	5	
Gordon Ackley	/ For C	ongress							1
		24-E Honduras	<u>                                     </u>						
ADDRESS (number ar	nd street)								
Check if dit		2: -1							
than previous reported. (A		St. Thomas					VI	00802	
2. <b>FEC IDENTIFIC</b>	CATION	NUMBER ▼		CITY			STATE A		ZIP CODE A STATE ▼ DISTRICT
C C0062007	70		3.	IS THIS REPORT	× NEW (N)	OR	AMENI (A)	DED	VI L
4. TYPE OF RE	PORT (	Choose One)							
(a) Quarterly R	·	onloose one,	(b)	12-Day <b>PRE</b> -	Election Repo	rt for the:			_
April 15	5 Quarterly	/ Report (Q1)		Ш	Primary (12P)	L	General (	12G)	Runoff (12R)
					Convention (1	12C)	Special (*	12S)	
Gary 10		Report (Q2) terly Report (Q3)			M M /	D D /	Y " Y " Y " Y	1	in the
-				Election on					State of
January	/ 31 Year-	End Report (YE)	(c)	30-Day <b>POS1</b>	-Election Rep	ort for the:	-		
				Ш	General (30G)	)	Runoff (3	0R)	Special (30S)
Termina	ation Repo	ort (TER)		Election on	M M /	D D /	Y		in the State of
5. Covering Period	М	04 / 01 /		Y Y Y Y 2016	through	M M M 06	/ D D /		Y Y Y Y 2016
I certify that I have e	examined	this Report and to	the b	est of my kno	owledge and b	pelief it is tr	ue, correct an	d com	plete.
Type or Print Name	of Treasu	rer Jennifer Ackl	<b>Э</b> у						
Signature of Treasure	er <i>Je</i>	nnifer Ackley		1	Electronically F	Filed] [	Date 07	′	15 / Y Y Y Y Y 2016
NOTE: Submission of	false, erro	oneous, or incomple	ete info	rmation may s	ubject the pers	son signing t	this Report to t	the per	nalties of 2 U.S.C. §437g.
Office Use								FI	EC FORM 3
Only									Revised 02/2003)

### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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1 EO 1 OIIII O (Hevised 02/200

Write or Type Committee Name
Gordon Ackley For Congress

				/ Y Y Y Y		M M		/ Y Y Y	Υ
Report Covering the Period:	From:	04	01	2016	To:	06	30	2016	

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
i.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0.00	0.00
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	0.00
	Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	3857.99	

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

### Gordon Ackley For Congress

Report Covering the Period: From: MMM / DDD / YYYYY

To: MMM / DDD / YYYYY

To: MMM / DDD / YYYYYY

To: MMM / DDD / YYYYY

To: MMM / DDD / YYYYYY

To: MMM / DDD / YYYYY

To: MMM / DDD / DDD / YYYYY

To: MMM / DDD / DDD / DDD / YYYYY

To: MMM / DDD /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. CONTRIBUTIONS (other than loans) FROM	<b>м</b> :	
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized(iii) TOTAL of contributions	0.00	0.00
from individuals	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3. LOANS: (a) Made or Guaranteed by the		
Candidate	0.00	0.00
(b) All Other Loans(c) TOTAL LOANS	0.00	0.00
(add Lines 13(a) and (b))	0.00	0.00
4. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	0.00
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	0.00
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 14 (check only one)  11a
Any information copied from such Reports and St or for commercial purposes, other than using the	name and address of any political comm	by person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Gordon Ackley For Congress		
Full Name (Last, First, Middle Initial) Gordon P. Ackley  Mailing Address PO Box 302179  City St. Thomas  FEC ID number of contributing federal political committee.  Name of Employer Ackley Caribbean Enterprises  Receipt For: 2016 Primary X General Other (specify)	State Zip Code VI 00803  C H6VI01024  Occupation Entrepreneur  Election Cycle-to-Date	Date of Receipt  M M M CONTROL OF Transaction ID: A-21  Amount of Each Receipt this Period  1038.76  x Memo Item In-Kind Travel expense to be reimbursed
Full Name (Last, First, Middle Initial)  Gordon P. Ackley  Mailing Address PO Box 302179  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
St. Thomas  FEC ID number of contributing federal political committee.  Name of Employer  Ackley Caribbean Enterprises  Receipt For: 2016  Primary General  Other (specify)	VI 00803  C H6VI01024  Occupation Entrepreneur  Election Cycle-to-Date	Amount of Each Receipt this Period  349.00  Memo Item In-Kind Website expense to be reimbursed
Full Name (Last, First, Middle Initial) Gordon P. Ackley  Mailing Address PO Box 302179  City St. Thomas  FEC ID number of contributing federal political committee.  Name of Employer Ackley Caribbean Enterprises  Receipt For: 2016 Primary General Other (specify)	State Zip Code VI 00803  C H6VI01024  Occupation Entrepreneur Election Cycle-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

14 FOR LINE NUMBER: **PAGE** 6 OF (check only one) X 11d 11a 11b 11c 12 13a 13b

Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gordon Ackley For Congress Full Name (Last, First, Middle Initial) Gordon P. Ackley Date of Receipt Mailing Address PO Box 302179 06 2016 20 City State Zip Code Transaction ID: A-24 VΙ 00803 St. Thomas FEC ID number of contributing Amount of Each Receipt this Period H6VI01024 federal political committee. 25.00 Name of Employer Occupation Ackley Caribbean Enterprises Entrepreneur × Memo Item In-Kind Administrative expense to be reimbursed Receipt For: 2016 Election Cycle-to-Date Primary X General 1758.10 Other (specify) Full Name (Last, First, Middle Initial) Gordon P. Ackley Date of Receipt Mailing Address PO Box 302179 20 2016 Citv State Zip Code Transaction ID: A-25 St. Thomas VΙ 00803 FEC ID number of contributing C H6VI01024 Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Entrepreneur Ackley Caribbean Enterprises × Memo Item In-Kind Administrative expense to be reimbursed Receipt For: 2016 Election Cycle-to-Date Primary ✓ General 1758.10 Other (specify) Full Name (Last, First, Middle Initial) Gordon P. Ackley Date of Receipt Mailing Address PO Box 302179 2016 06 21 City State Zip Code Transaction ID: A-26 VΙ 00803 St. Thomas FEC ID number of contributing С H6VI01024 Amount of Each Receipt this Period federal political committee. 24.34 Name of Employer Occupation Ackley Caribbean Enterprises Entrepreneur × Memo Item Receipt For: 2016 In-Kind Website expense to be reimbursed Election Cycle-to-Date X General Primary Other (specify) 1782.44 0.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

14 FOR LINE NUMBER: **PAGE** OF SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 11d ITEMIZED RECEIPTS 11a 11b 11c Detailed Summary Page 12 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gordon Ackley For Congress Full Name (Last, First, Middle Initial) Gordon P. Ackley Date of Receipt Mailing Address PO Box 302179 06 22 2016 City State Zip Code Transaction ID: A-27 VΙ 00803 St. Thomas FEC ID number of contributing Amount of Each Receipt this Period H6VI01024 federal political committee. 19.99 Name of Employer Occupation Ackley Caribbean Enterprises Entrepreneur × Memo Item In-Kind Website expense to be reimbursed Receipt For: 2016 Election Cycle-to-Date Primary X General 2583.63 Other (specify) Full Name (Last, First, Middle Initial) Gordon P. Ackley Date of Receipt Mailing Address PO Box 302179 06 22 2016 Citv State Zip Code Transaction ID: A-28 St. Thomas VΙ 00803 FEC ID number of contributing C H6VI01024 Amount of Each Receipt this Period federal political committee. 200.00 Name of Employer Occupation Entrepreneur Ackley Caribbean Enterprises × Memo Item In-Kind Membership Dues to be reimbursed Receipt For: 2016 Election Cycle-to-Date Primary ✓ General 2583.63 Other (specify) Full Name (Last, First, Middle Initial) Gordon P. Ackley Date of Receipt Mailing Address PO Box 302179 2016 06 22 City State Zip Code Transaction ID: A-29 VΙ 00803 St. Thomas FEC ID number of contributing С H6VI01024 Amount of Each Receipt this Period federal political committee. 581.20 Name of Employer Occupation Ackley Caribbean Enterprises Entrepreneur × Memo Item Receipt For: 2016 In-Kind Travel expense to be reimbursed Election Cycle-to-Date X General Primary Other (specify) 2583.63

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 14 (check only one)  11a 11b 11c X 11d 12 13a 13b 14 15
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Gordon Ackley For Congress			
Full Name (Last, First, Middle Initial) Gordon P. Ackley  Mailing Address PO Box 302179  City St. Thomas  FEC ID number of contributing federal political committee.  Name of Employer Ackley Caribbean Enterprises  Receipt For: 2016  Primary General Other (specify)	Occupation Entreprene		Date of Receipt  M M M / D D / Y Y Y Y Y  06
Full Name (Last, First, Middle Initial) Gordon P. Ackley  Mailing Address PO Box 302179  City St. Thomas  FEC ID number of contributing federal political committee.  Name of Employer Ackley Caribbean Enterprises  Receipt For: 2016 Primary General Other (specify)	Occupation Entreprene		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Gordon P. Ackley  Mailing Address PO Box 302179  City	State	Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
St. Thomas  FEC ID number of contributing federal political committee.  Name of Employer Ackley Caribbean Enterprises  Receipt For: 2016  Primary Other (specify)  General	Occupation Entreprene		Amount of Each Receipt this Period  330.68  * Memo Item In-Kind Travel expense to be reimbursed
SUBTOTAL of Receipts This Page (optional)			0.00

TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 9 OF 14 Use separate schedule(s) (check only one) for each category of the X 11d 11a 11b 11c Detailed Summary Page 12 13a 13b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gordon Ackley For Congress Full Name (Last, First, Middle Initial) Gordon P. Ackley Date of Receipt Mailing Address PO Box 302179 06 2016 30 City State Zip Code Transaction ID: A-33 VΙ 00803 St. Thomas FEC ID number of contributing Amount of Each Receipt this Period H6VI01024 federal political committee. 77.68 Name of Employer Occupation Ackley Caribbean Enterprises Entrepreneur × Memo Item In-Kind Travel expense to be reimbursed Receipt For: 2016 Election Cycle-to-Date Primary X General 3857.99 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... 0.00 TOTAL This Period (last page this line number only).....

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 10 OF FOR LINE NUMBER: (check only one)

:		
		9
	X	10

14

NAME OF COMMITTEE (In Full)

Gordon Ackley For Col	ngress	
A. Full Name (Last, First, Middle Initial) of Debte Gordon P. Ackley	<u> </u>	Nature of Debt (Purpose): Website expense to be reimbursed
Mailing Address PO Box 302179		
City State St. Thomas	Zip Code VI 00803	
Outstanding Balance Beginning This Period 0.00		Transaction ID : D-2
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
20.34	0.00	20.34
B. Full Name (Last, First, Middle Initial) of Debto Gordon P. Ackley	r or Creditor	Nature of Debt (Purpose): Travel expense to be reimbursed
Mailing Address PO Box 302179		
City State St. Thomas	Zip Code VI 00803	
Outstanding Balance Beginning This Period 0.00		Transaction ID : D-16
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1038.76	0.00	1038.76
C. Full Name (Last, First, Middle Initial) of Debte Gordon P. Ackley	or or Creditor	Nature of Debt (Purpose): Website expense to be reimbursed
Mailing Address PO Box 302179		
City St. Thomas	State Zip Code VI 00803	
Outstanding Balance Beginning This Period  0.00		Transaction ID : D-3
Amount Incurred This Period 349.00	Payment This Period  0.00	Outstanding Balance at Close of This Period 349.00
1) SUBTOTALS This Period This Page (optional)	)	1408.10
2) TOTALS This Period (last page this line number	r only)	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

Gordon Ackley For Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Excluding Loans** 

City

St. Thomas

NAME OF COMMITTEE (In Full)

Gordon P. Ackley

Mailing Address PO Box 302179

State

Outstanding Balance Beginning This Period

(Use separate schedule(s) for each numbered line

separate	PAGE 11 OF 14
edule(s)	FOR LINE NUMBER:
r each	(check only one) 9
ered line)	X 10
	<u> </u>
Nature of D	ebt (Purpose):
	pense to be reimbursed
	,
Transaction	on ID : D-9
	-
Outstandi	ng Balance at Close of This Period
Outstandi	ig Balance at Close of This Period
	300.00
	7
Nature of D	ebt (Purpose):
	tive expense to be reimbursed
	·
Transaction	on ID : D-4

0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
300.00	0.00	300.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
Gordon P. Ackley		Administrative expense to be reimbursed
Mailing Address PO Box 302179		
City State	Zip Code	
St. Thomas	VI 00803	
Outstanding Balance Beginning This Period		Transaction ID : D-4
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
25.00	0.00	25.00
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
Gordon P. Ackley		Administrative expense to be reimbursed
Mailing Address PO Box 302179		
City	State Zip Code	
St. Thomas	VI 00803	
Outstanding Balance Beginning This Period		Transaction ID: D-5
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
25.00	0.00	25.00
7 7	7 7 7	9 9 9
SUBTOTALS This Period This Page (optional)	1	350.00
- This relied this rage (optional)		
) TOTALS This Period (last page this line number	r only)	
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	
		FEC Schedule D (Form 3) (Revised 02/2003)

Zip Code

۷I

00803

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

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		9
	X	10

14

NAME OF COMMITTEE (In Full)

Gordon Ackley For Congress

Gordon Ackley For Con	gress	
A. Full Name (Last, First, Middle Initial) of Debtor Gordon P. Ackley	<u> </u>	Nature of Debt (Purpose): Website expense to be reimbursed
Mailing Address PO Box 302179		-
City State St. Thomas	Zip Code VI 00803	-
Outstanding Balance Beginning This Period		Transaction ID : D-6
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
24.34	0.00	24.34
B. Full Name (Last, First, Middle Initial) of Debtor of Gordon P. Ackley	or Creditor	Nature of Debt (Purpose): Travel expense to be reimbursed
Mailing Address PO Box 302179		-
City State St. Thomas	Zip Code VI 00803	-
Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period	Payment This Period	Transaction ID : D-11  Outstanding Balance at Close of This Period
581.20	0.00	581.20
C. Full Name (Last, First, Middle Initial) of Debtor Gordon P. Ackley	or Creditor	Nature of Debt (Purpose): Website expense to be reimbursed
Mailing Address PO Box 302179		
City St. Thomas	State Zip Code VI 00803	-
Outstanding Balance Beginning This Period 0.00		Transaction ID : D-7
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period 19.99
19.99	0.00	19.99
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	625.53
2) TOTALS This Period (last page this line number of	only)	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
(check only one)

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	V	10

14

	Tidifibered lifte)	X 10	
naress			
	Nature of	Debt (Purpose):	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Gordon P. Ackley		Membership Dues to be reimbursed	
Zip Code			
VI 00803			
	Transac	ction ID : D-8	
Daymant This Davi	- d O. data-	odina Dalamaa at Olaas at Thia Daw	
Payment This Peri		nding Balance at Close of This Per	
	0.00	200.00	
r or Creditor	Nature of	Debt (Purpose):	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Gordon P. Ackley		expense to be reimbursed	
Zin Code			
VI 00803			
	Transac	ction ID : D-10	
Payment This Peri	od Outstan	nding Balance at Close of This Peri	
	0.00	570.00	
or or Creditor	Noture of	Dobt (Durange)	
or or eartor		xpense to be reimbursed	
State Zip Code			
VI 00803			
	Transa	ection ID : D-12	
D		office Balance of Classification	
Payment This Peri	od Outstan	nding Balance at Close of This Per	
		296.00	
	Zip Code VI 00803  Payment This Peri  Zip Code VI 00803  Payment This Peri  or or Creditor  State Zip Code VI 00803	Zip Code VI 00803  Payment This Period Outstar  Zip Code VI 00803  Transac  Payment This Period Outstar  Outstar  Outstar  Outstar  Outstar  Outstar  VI 00803  Transac  Payment This Period Outstar  Outstar  VI 00803  Transac  Payment This Period Outstar  Outstar  Transac  Payment This Period Outstar  Outstar  Transac  Transac	

2) TOTALS This Period (last page this line number only).....

TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excludin

(Use separate schedule(s) for each

PAGE 14 OF FOF (che

R LINE NUMBER:		
eck only one)		9
	X	10

14

excluding Loans		numbered line)	<b>X</b>  10	
NAME OF COMMITTEE (In Full)				
Gordon Ackley For Co	ngress			
A. Full Name (Last, First, Middle Initial) of Debi	tor or Creditor	Nature of Debt (F		
Gordon P. Ackley	Gordon P. Ackley		Travel expense to be reimbursed	
Mailing Address PO Box 302179				
1 0 Box 602110				
City State	Zip Code			
St. Thomas	VI 00803			
Outstanding Balance Beginning This Period		Transaction ID	: D-13	
0.00				
Amount Incurred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period	
330.68	, , , , , , , , , , , , , , , , , , , ,	0.00	330.68	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (F	Purnose).	
Gordon P. Ackley	or or oreator	Travel expense t		
Mailing Address PO Box 302179				
City State	Zip Code			
St. Thomas	VI 00803			
Outstanding Balance Beginning This Period		Transaction ID	: D-14	
0.00				
Amount Incurred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period	
77.68		0.00	77.68	
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (F	Purpose):	
Mailing Address				
City	State Zip Code			
Outstanding Balance Beginning This Period				
Amount Inquired This Period	Payment This Period	Outstanding Pa	lance at Close of This Period	
Amount Incurred This Period	Fayment This Feriod	Outstanding ba	lance at Close of This Feriod	
			,	
SUBTOTALS This Period This Page (optional).			408.36	
			3857.99	
2) TOTALS This Period (last page this line number	er only)			
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>	0.00	
4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page	ge only)	3857.99	